

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 --- 0 5 ---

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, ~~2004~~ 2005 \*

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2005 \$3,144  
b. FFY 2006 \$3,144

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attached

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attached

10. SUBJECT OF AMENDMENT:

Non-Emergency Transportation transition from an administrative to a medical service

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *see*  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:

Steve Roling

14. TITLE:

Director

15. DATE SUBMITTED:

June 17, 2004

16. RETURN TO:

Department of Social Services  
Division of Medical Services  
615 Howerton Court  
P.O. Box 6500  
Jefferson City, MO 65109

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

June 18, 2004

18. DATE APPROVED:

December 16, 2004

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ABA For Medicaid and Children's Health

23. REMARKS:

\* Effective date July 1, 2005. Pen change made per request from state in RAI response dtd 12/6/04.

Revision: HCFA-PM- (MB)

State/Territory: MissouriCitation

42 CFR

435.914

1902(a)(34)

of the Act

2.1(b) (1)

Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and

1905(a) of the

Act

(2)

For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and

X

(3)

Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

42 CFR

438.6

(c)

The Medicaid agency elects to enter into a risk contract --- that complies with 42 CFR 438.6, and that is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

—

Qualified under title XIII 1310 of the Public Health Service Act

X

a Managed Care Organization that meets the definition of 1903(m) of the Act and 42 CFR 438.2

—

a Prepaid Inpatient Health Plan that meets the definition of 42 CFR 438.2

X

a Prepaid Ambulatory Health Plan that meets the definition of 42 CFR 438.2

—

Not applicable.

State Plan TN # 04-05Supersedes TN # 03-17Effective Date July 1, 2005Approval Date DEC 16 2004

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State/Territory: Missouri

Citation 4.18(b)(2) (Continued)

42 CFR 447.51  
through  
447.58

(iii) All services furnished to pregnant women.

☒ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a managed care organization, health insuring organization, prepaid inpatient health plan, or prepaid ambulatory health plan in which the individual is enrolled, unless they meet the requirements of 42 CFR 447.60.

42 CFR 438.108  
42 CFR 447.60

☒ Managed care enrollees are charged deductibles, coinsurance rates, and copayments in an amount equal to the State Plan service cost-sharing.  
Applies to PAHP (NEMT) only.

☒ Managed care enrollees are not charged deductibles, coinsurance rates, and copayments.  
Applies to MCO enrollees.

1916 of the Act,  
P.L. 99-272,  
(Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

State Missouri

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

All Non-Emergency Transportation Services Subject to Copayments

The basis for determination of the recipient due copayment is the maximum allowable Medicaid payment as set forth in 42 CFR 447.54. In the payment computational process, the maximum allowable payment is determined by the historical average cost per round trip for non-emergency medical transportation which meets or exceeds \$50.01. The \$3.00 maximum copay amount is deducted from the set non-emergency medical transportation capitation rate which is actuarially sound to arrive at the final per member per month capitation rate.

State Plan TN# 04-05  
Supersedes TN# 85-14

Effective Date July 1, 2004  
Approval Date DEC 13 2004  
*2005*  
*Per State Request*

State Missouri

In addition to those services and categories which are exempted under sections of the Social Security Act as amended and as applicable to those services described in this attachment, pages 1, 1a, 1b, 1c, 1d, 1e, and 1f, the state has optionally provided copayment and coinsurance exemption for:

- a. Services to recipients residing within a residential care home, an adult boarding home, or a psychiatric hospital;
- b. Transfer inpatient hospital admissions;
- c. Certain therapy services (physical therapy, chemotherapy, radiation therapy, psychotherapy, and chronic renal dialysis) when provided on an outpatient basis; and
- d. Services to Foster Care Recipients.

State Plan TN# 04-05  
Supersedes TN# New Page

Effective Date July 1, 2004 <sup>2005 per state request</sup>  
Approval Date DEC 18 2004

State Missouri

## Non-Emergency Transportation

Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure medical examinations and treatment for a recipient. Transportation as defined in this amendment will be claimed as a medical service.

1. Provision is made for necessary transportation of recipients to and from the suppliers of medical and remedial care and services through the cash grant. There is a basic standard of \$6.00 per month per assistance group for transportation cost for the purpose of shopping, attending church, and obtaining medical care. This monthly allowance is equivalent to 60 miles per month by automobile at \$.10 per mile. In many locations private organizations, such as churches, Red Cross, and other volunteers will provide transportation for the purpose of obtaining medical care.

For those individuals whose non-emergency transportation needs exceeds the cash grant amount or who do not have access to appropriate free transportation, Missouri assures transportation in one of the following ways:

- a. As a benefit under the 1915b MC+ Managed Care MCO Program to those Medicaid Title XIX eligible recipients enrolled in an MCO. Medicaid Title XIX eligible recipients that enroll in an MCO include Section 1931 Children and Related Populations, Section 1931 Adults and Related Populations, and Foster Care Children.
- b. Through interagency agreements with other state agencies/departments that provide non-emergency medical transportation (NEMT) to individuals, including Medicaid eligible individuals.
- c. Through cooperative agreements with public entities that currently provide NEMT services to individuals, including Medicaid eligible recipients.

State Plan TN# 04-05  
Supersedes TN# 97-16

Effective Date July 1, 2005  
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State Missouri

- d. As a benefit through a Medicaid program administered under the provisions of a state awarded broker Prepaid Ambulatory Health Plan (PAHP) contract to those Medicaid recipients eligible for NEMT services. Medicaid recipients eligible for NEMT services are those who are eligible for Medicaid under a federal aid category on the date the transportation is provided, and have a scheduled medical appointment to obtain a Medicaid covered service. NEMT services require prior authorization by the NEMT broker. The least expensive method of transportation that meets the needs of the client will be authorized to a transportation provider within the broker's vendor network. Services will be authorized only when not available through "a, b, or c", as listed above.

The cost of meals and lodging in route to and from medical care, and while receiving medical care; and if necessary the cost of the attendant's transportation, meals, and lodging will be provided when authorized and when the recipient is under 21 years of age.

2. Provision is made under State Law RSMO. 208.152 for emergency ambulance services when provided by a participating vendor. The following criteria are applicable to such services:
- a. Medically necessary, and;
  - b. The medical circumstances are of an emergency nature, and;
  - c. The recipient is transported to the nearest appropriate inpatient or outpatient Emergency Room hospital facility which is capable of providing the necessary care, or;
  - d. The hospitalized recipient requires a medically necessary specialized testing which is only available at another location.

Other resources may be available through local county offices, Title XX funds, volunteers, private agencies, or other public agencies are also utilized for other modes of transportation as supplementary to the provision for emergency ambulance services.

State Plan TN# 04-05  
Supersedes TN# 97-16

Effective Date July 1, 2005  
Approval Date DEC 16 2004

State Missouri24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretarya. Transportation

1. Emergency ambulance service is provided under Medicaid when an emergency medical situation exists, the recipient is transported to the nearest appropriate hospital or emergency room, and the patient could not be safely transported by any other means.

Emergency Air Ambulance service when the patient's condition is such that the time needed to transport by land, or the instability of transportation by land, poses a threat to the patient's survival or seriously endangers the patient's health may be covered.

Transportation by emergency ambulance to or from a physician's or dentist's office, an independent clinic, an independent laboratory, or a patient's home are not covered services.

Refer to Attachment 3.1-A, page 10d for coverage under EPSDT.

2. Non-Emergency Medical Transportation (NEMT) services are available to Medicaid eligible recipients to covered scheduled medical appointments. Recipients are eligible for NEMT if they do not have access to free transportation, are eligible for Medicaid under a federal aid category on the date the transportation is provided, and have a scheduled medical appointment to obtain a Medicaid covered service.

Transportation is not provided for emergency situations, including air ambulance, transportation is not provided to a pharmacy that provides free delivery or mail order service, and transportation is not provided when services are received in the recipient's home. Individuals eligible as Qualified Medicare Beneficiaries (QMB) only are not eligible for Medicaid transportation services, nor is NEMT covered to services of a QMB only provider.

All transportation, regardless of mode of transport, are prior authorized.  
Appropriate modes of non-emergent transportation include, but are not limited to:

- a. Gasoline reimbursement
- b. Bus passes or tokens
- c. Taxi
- d. Multi-passenger Van
- e. Para-lift Van
- f. Stretcher Van
- g. Ambulance (only when necessary for non-emergent transport)
- h. Fixed wing flight (only when necessary for non-emergent transport)



b. Skilled Nursing Facility Services for Patients Under 21 Years of Age

Skilled nursing facility services are available to those recipients under 21 who have been certified by a State Medical Consultant as requiring a skilled nursing level of care. Duration of service is conditional upon periodic, subsequent recertification.

c. Personal Care Services

Personal Care Services are medically oriented services provided in the individual's home, or in a licensed Residential Care Facility I or II to assist with activities of daily living. Personal care services are provided in accordance with a service plan approved by the state or ordered by a physician, and are supervised by a registered nurse (RN).

1. Personal care services as an alternative to institutional care:

Personal Care Service is provided on a scheduled basis to eligible recipients in their own homes or licensed Residential Care Facility I or II as an alternative to a state agency determined need for twenty-four hour institutional care on a inpatient or residential basis in a hospital or nursing facility. Coverage of service requires and is in accordance with a personal care plan and an in-home assessment of need which must be completed as needed to redetermine the need for personal care services. Services must be supervised by an RN who must visit a 10% sample of caseload monthly, which visits will not be reimbursed, and must also at the authorization of the state agency's State case manager or their designee make additional visits which will be reimbursed to provided enhanced supervision and certain other functions necessary to the maintenance of the recipient in his home.

The state agency will reimburse providers of Lab and X-Ray Services to the extent of the deductible and coinsurance as imposed under Title XVIII for those Medicaid eligible recipient-patients who also have Medicare Part B eligibility.

#### FAMILY PLANNING

The state agency will pay for medical services which are identified as qualified Family Planning services. The payment will be in accordance with the standards and methods herein described as apply to the provider type represented

#### EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (E.P.S.D.T.)

Reimbursement for EPSDT services provided in accordance with the provisions of section 6403 of P.L. 101-239 and federal regulations as promulgated thereunder shall be made on the basis of reasonable allowance fee schedules or per-diem rates, if applicable, as determined by the Division of Medical Services, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of :

- (1) The provider's actual charge for the service, or;
- (2) The maximum allowable fee or rate as determined by the Division of Medical Services.

#### NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT)

1. Transportation is paid to scheduled appointments to providers of medically necessary services.
  - a. Costs for NEMT services provided to MCO enrollees will be reimbursed per the MC+ Managed Care MCO Program through actuarially sound capitation rates made on a per-member-per-month basis. These rates are compliant with the CMS requirements under 42 CFR 438.6(c) and are in accordance with applicable laws and regulations. Three years of historical fee-for-service and MCO financial data are used as the basis for the rates. Per 42 CFR 438.6, the base data includes only state plan approved services.
  - b. Services through interagency agreements with other state agencies/departments that provide non-emergency medical transportation (NEMT) to individuals, including Medicaid eligible individuals are carved out of the PAHP and reimbursed on a fee-for-service basis.
  - c. Services through cooperative agreements with public entities that currently provide NEMT services to individuals, including Medicaid eligible recipients are carved out of the PAHP and reimbursed on a fee-for-service basis.

- d. Through a Medicaid program administered under the provisions of a state awarded Prepaid Ambulatory Health Plan (PAHP) contract. The state is divided into NEMT service regions. Each region is served by a statewide provider. The provider is a for-profit, not-for-profit, public or private entity that is selected through a competitive bid process. The State of Missouri, Office of Administration issues a Request for Proposal (RFP) through which qualified bidders submit bids to provide NEMT assistance in the NEMT service regions. The successful bidder is selected for the entire state by the State of Missouri, Office of Administration through a bid evaluation process that is published as part of the RFP. Bidders include in their price components an actuarially sound capitation payment. The Division of Medical Services pays the successful bidder in each region the rate included in the winning bid for the state. This actuarially sound rate is paid per member per month regardless of the length of the transport, the type of vehicle required (ambulatory or lift), or the number of transports.
2. Services shall be reimbursed based on reasonable allowance fee schedules or per diem rates, if applicable, as determined by the Division of Medical Services, and in accordance with the standards and methods herein described as applicable to the service and provider type represented. The state payment for each service will be made on the lower of:
- a. The provider's actual charge for the service, or;
  - b. The maximum allowable fee or rate as determined by the Division of Medical Services